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### Testimony from 1199SEIU: State of Maternal Health: An Examination of Maternal Mortality And Morbidity Rates in New York State

- SENATE STANDING COMMITTEE ON WOMEN’S ISSUES
- SENATE STANDING COMMITTEE ON HEALTH
- SENATE STANDING COMMITTEE ON MENTAL HEALTH
- SENATE STANDING COMMITTEE ON SOCIAL SERVICES

The issue of maternal mortality and morbidity – particularly among women of color – has fortunately become an important topic in public health and among legislators. That is the good news – the fact that multiple Senate Committees are dedicating a hearing to this discreet topic is a testament to both the severity of the issue and the energy that is coming to bear on trying to bend the curve on maternal mortality.

The bad news is the issue cuts across so many areas – public health, income, education, race, education, gender, and others – that it will be hard to come up with one or two policy solutions that could impact maternal mortality rates for women of color. In some ways, it requires addressing issues that are sadly baked into the DNA of our country.

However, not acting is also not an option so, again, we appreciate the attention the Senate is bringing to this issue.

This is an issue of particular concern for 1199SEIU. The vast majority of our members are women of color, so many have or will experience the joy of childbirth along with the fear of knowing that we are at greater risk of complications, losing a child, or even not surviving childbirth. At the same time, our members are healthcare workers, and they daily face the challenges of providing care to low-income New Yorkers in settings that often struggle to recruit and retain needed staff, have outdated facilities, and simply struggle to keep the doors open.

So, we appreciate the Senate holding this hearing at the same time it is deliberating its one-house budget because equity is a factor contributing to maternal mortality.

Whether or not we New York decides to fully fund our safety net providers will reflect our commitment to improving maternal health for low-income New Yorkers.

I would also like to acknowledge the Hochul Administration’s attention to this issue by quoting New York State Health Commissioner Dr. James McDonald:

*“The number of Black people who die of causes related to pregnancy is indicative of long-standing health disparities resulting from inequitable care and systemic racism. These inequities are unacceptable.”*

*Governor Hochul and I will continue to fight for the elimination of health disparities and so all birthing people have healthy births no matter their race or ethnicity."*

The data on maternal mortality are well known and I'm sure others will raise this. However, I will highlight one statistic that illustrates the challenge we face:

- Black, non-Hispanic women had a pregnancy-related mortality ratio five times higher than White, non-Hispanic women.

[New York State Report on Pregnancy-Associated Deaths in 2018-2020](#)

This, in a nutshell, is why we have to act.

The one issue I want to highlight is the need to grow the healthcare and maternity workforce so it looks more like the people we are caring for.

The healthcare workforce crisis is well known, and the 1115 waiver is a major investment in growing this workforce. However, we can do more and there is no guarantee the Trump Administration will renew the waiver, so we need to establish more permanent, focused efforts to grow a diverse workforce by:

- Making permanent, substantial investments in healthcare workforce training;
- Providing adequate supports to encourage low-income women and women of color to participate in workforce training. A study done at the National Institutes of Health shows the lack of diversity in the healthcare workforce is a major factor in disparate maternal outcomes. Workforce training including tuition assistance, stipends, tutoring, childcare, and other supports is a strategy to combat that;  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9872864/#:~:text=Racial%20and%20ethnic%20diversity%20in,and%20Asian%2FPacific%20Islander%20mothers>
- Focusing on job titles related to maternal care – nurses, doulas, midwives, and perinatal support workers;
- Emphasizing recruitment of incumbent workers such as nurse aides, LPNs, and homecare workers who tend to be low-income and have already demonstrated a commitment to working in healthcare;
- Finally, New York should devote more resources to recruiting maternal health workers in communities of color as the data shows that race trumps income when it comes to maternal mortality. <https://siepr.stanford.edu/news/study-striking-inequalities-us-infant-and-maternal-health-point-structural-racism-and-access>

I appreciate the attention the Senate is bringing to this important issue and I hope this commitment will be reflected in permanent investments to grow a diverse healthcare workforce.

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